PRINTED: 06/28/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6014534 05/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11860 SOUTHWEST HIGHWAY MANORCARE OF PALOS HEIGHTS WEST PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 1692136/IL84931 1692199/IL84994 1692346/IL85180 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Section 300.1210 General Requirements for

the facility and shall be reviewed at least annually

by this committee, documented by written, signed

and dated minutes of the meeting.

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE 05/20/16

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6014534 05/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11860 SOUTHWEST HIGHWAY MANORCARE OF PALOS HEIGHTS WEST PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced bv:

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Based in interview and record review, the facility

failed to follow the comprehensive pain guidelines, assess the effectiveness of pain

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Findings include:

manage R1's pain.

On 4/26/16 at 2:30pm, R1 stated she asked several times to make her Norco scheduled every 6 hours just like it was at home, instead of as needed. R1 would ask for pain medication but it would still take staff several hours to bring it to her. R1 stated she did not receive Norco every 6 hours and would lay in bed in excruciating pain until the nurse would bring the medication more than 6 hours later.

On 5/2/16 at 9:45am, Z6 (Family) stated R1 would ask for pain medication and did not get it as often as she could.

Closed record documents R1 was admitted to the facility on 3/19/16 with the diagnoses of multiple sclerosis and back pain. Physician Order Sheet 3/19/16 (POS) documents the orders for the pain medications Norco 10-325 mg (milligram) 1 tablet every 6 hours as needed for pain, Oxycodone 30 mg 1 tablet every 12 hours scheduled for pain, lbuprofen 800 mg 1 tablet every 8 hours scheduled for pain.

March 2016 Medication Administration Record (MAR) documents R1 received all 3 medications. March 2016 Controlled Substance Record for

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The nurse reassesses the effectiveness of the dose given. If the pain medication is ineffective.

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STATE FORM

ineffective.

physician that R1's pain medication regimen is ineffective and R1 rates the pain at 6:50am 10 out of 10 on the pain scale, more than 2 hours before the medication is given. March POS documents Norco was changed to scheduled doses every 6 hours on 3/25/16 after the nurse called the physician regarding ineffective pain management 3 days later. Minimum Data Set 3/26/16 documents R1 receives a scheduled and as needed (PRN) pain medication regimen; R1 has frequently experienced pain or hurting over the last 5 days; R1 has had to limit the day-to-day activities because of pain; over the last 5 days R1 rates her worst pain as a 10 on the 0-10 pain scale. Pain Care Plan initiated on 3/20/16 documents R1's pain goal is 0 on the numeric 0-10 scale and one intervention is to notify physician if pain frequency/intensity is worsening or if current analgesia regimen has become

On 4/27/16 at 1:20pm, E2 (Nurse Supervisor) stated pain medications are given as ordered. Nurses assess a patients level of pain when giving pain medication and document the level in the computer. After a dose is given, the computer will prompt a follow up pain assessment in 1 hour.

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not sure when.

of Norco was available, the nurse should have given it right away. Z2 stated that he was not notified about R1's ineffective pain management: if he had been notified, he would have changed the frequency, changed the Norco to scheduled instead of as needed, increased the dose, or added another medication. Z2 stated the Norco was changed to scheduled every 6 hours, but is

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